

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$200.00 for date of service 01/31/02.
- b. The request was received on 05/29/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFAs
 - c. TWCC 62 forms
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/16/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 07/16/02. The insurance carrier did not submit a 14 day response. A "No Response Submitted" sheet is reflected as Exhibit II. The carrier did file an initial response.
4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 07/12/02 that...

"Anesthesia can not be considered global because it is a separate procedure. As you can see This [sic] procedure is necessary for the procedure to be carried out properly. If you

refer to page one of the operative report, paragraph one states, 'IV sedation was established with 1 mg of Versed. The patient was also given 75 mg of Demerol and 25 mg of Phenergan IM 30 minutes prior to the procedure.' Please refer to the anesthesia record for this patient."

2. Respondent: The Carrier did not submit a position statement.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/31/02.
- The denial code listed on the EOB is "F-REDUCTION ACCORDING TO FEE GUIDELINES. DENIAL AFTER RECONSIDERATION PLEASE REFER TO ANESTHESIA GROUND RULES PAGE 195, V, A. ANESTHESIA ADMINISTERED BY SURGEON IS INCLUDED IN THE MAR FOR THE SURGICAL PROCEDURE."
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
01/31/02	01999	\$200.00	\$0.00	F	DOP	MFG AGR (V)(D); CPT descriptor	<p>"For diagnostic or therapeutic nerve blocks performed by the surgeon, anesthesiologist, or CRNA, only one reimbursement per procedure shall be allowed, regardless of the time required."</p> <p>The medical documentation indicates the service was rendered as billed.</p> <p>Reimbursement in the amount of \$200.00 is recommended.</p>
Totals		\$200.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$200.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$200.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 1st day of November 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb